

### **COMMISSIONER'S MESSAGE**

I am pleased to announce that Dr. Jaskanwar Batra will be rejoining the Department of Mental Health (DMH) as its Medical Director. For *Advisory* readers familiar with Dr. Batra and his earlier work with DMH, his availability and interest in returning to the public mental health system is welcomed by Department staff and colleagues.

Dr. Batra attended Christian Medical College in Ludhiana, India. He completed medical school in 1997 and moved to the United States for further training. After moving to the United States, he volunteered at the University of Vermont's Department of Psychiatry and became involved in neuroscience research. This experience was instrumental in his change in specialty to psychiatry instead of emergency room (ER) medicine. Dr. Batra is a board-certified psychiatrist and has practiced in Vermont since 2003.

Most recently, Dr. Batra was Chief Medical Officer of the Vermont Health Co-op, focused on integrating mental health care from the payer side. Following closure of Vermont State Hospital (VSH), Dr. Batra was the Medical Director for DMH and the Department's transitional inpatient psychiatric hospital services. During that time, he played a key role in improving mental health oversight and quality improvement at the community mental health centers and coordination and oversight of hospital psychiatric care across the state. His experience and familiarity with the Vermont mental health system of care and timely return to DMH will assist the Department in further developing community and inpatient services and key health integration initiatives.

Dr. Batra begins his new role on December  $2^{nd}$ , and his office will be in the Redstone Building in Montpelier. Dr. Batra and his family reside in South Burlington, Vermont. Please join me in welcoming Dr. Batra back to the Department of Mental Health.

Paul Dupre

**FACILITIES** 

# • Vermont Psychiatric Care Hospital

A Policy Development Work Group is forming to review policy and program direction for the Vermont Psychiatric Care Hospital (VPCH). Initial discussion took place this week with the GMPCC Advisory Committee, providing guidance to DMH concerning the composition of the group that will support this process, the locations of meetings, and how to proceed, generally. Jeff Rothenberg, CEO, will lead the work group, which will

<sup>[1]</sup> Dr. Bill McMains is the Medical Director for the Child, Adolescent, and Family Unit of the Department of Mental Health and will continue in this capacity.

meet the fourth Monday of the month, the same day as the GMPCC Advisory Committee. Family members and peers who so diligently with passion and conviction took part in formulating the architectural design and program of space for VPCH are encouraged to participate in this next phase of the work. As "architects" of what we hope to accomplish in the new hospital, the Berlin hospital work group members are well acquainted with the activity spaces, the patient care environment, the diverse possibilities for using features of the building, courtyard, gateway, activity yard, and the range of spaces from quiet to active in creative ways for the benefit of patients and caregivers alike. The group will meet in the morning and through lunch to be followed by the 1:30 to 3:30 meeting of the GMPCC Advisory Committee. Several members of this committee are interested in the Policy Development Work Group so meeting back-to-back will facilitate broad input into our process that will begin Monday the 27<sup>th</sup> of January, 2014. Time and details to come.

# REDUCING TOBACCO USE IN HEALTH CARE FACILITIES

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported this year that nearly 40% of adults experiencing mental health or substance abuse disorders are current smokers. This is twice the smoking rate of the general population.

• Tobacco-Free Treatment Centers – A Case Study from New York State
As Vermont moves toward tobacco-free campuses for substance abuse treatment centers, effective July 1, 2014, the Vermont Department of Health has looked to other states for roadmaps and lessons learned. New York's experience has been especially informative as a close neighbor and the first state to require all licensed substance abuse treatment facilities to establish tobacco-free campuses and integrate tobacco treatment into treatment plans.

New York State's Office of Alcoholism and Substance Abuse Services (OASAS) licenses both public and private addiction treatment programs – approximately 1,000 facilities statewide – that serve hundreds of thousands of clients every year. To start the significant project of transitioning these facilities to tobacco-free campuses, OASAS built relationships with stakeholders state-wide that included health and patient advocacy organizations and state agencies, including the Department of Health. Staff and administrators received information about treating tobacco dependence and how to implement campus policies through trainings, forums, and workshops. In addition, New York State developed an online training center for staff to learn more about tobacco treatment in the context of substance abuse treatment. The training center is free and located at www.tobaccorecovery.org.

OASAS surveyed treatment center staff before and after policy implementation to better understand practices, policies, attitudes, and concerns about the new requirements. Researchers also looked at statewide admissions and discharge data to analyze the policy's impact on admissions and tobacco treatment at discharge. OASAS found that while fewer than 40% of treatment centers had tobacco-free campuses before 2007, all treatment centers had adopted a tobacco-free policy one year after implementing the new

regulations. Resistance to tobacco-free policies actually decreased in the year following policy implementation: Nearly one in five centers said that most staff was resistant before policy implementation, but this had decreased to fewer than one in 20 centers at follow-up. OASAS also saw significant improvements in the number of clients receiving tobacco treatment and the number of staff receiving tobacco treatment. Tobacco use also decreased among staff over the first year of the policy. Importantly, admissions per month didn't change significantly, meaning that overall, tobacco-free campuses did not deter clients from seeking treatment for substance use disorders.

New York's experience is not unique. In conversations with staff in other states, the Vermont Department of Health has consistently heard that tobacco-free treatment centers can result in better health outcomes for both clients and staff. With education, support for tobacco treatment, training, and technical assistance, Vermont can join those states closing the tobacco disparity gap for those with substance use disorders.

## **HEALTH CARE REFORM**

• Green Mountain Care Board Previews Legislative Session

The Green Mountain Care Board (GMCB) will hear a preview of the 2014 legislative session from its General Counsel, Michael Donofrio, at its December 19<sup>th</sup> meeting from 1:00 to 4:00 p.m. For detail on this agenda item, contact <a href="mailto:Anna.Bassford@state.vt.us">Anna.Bassford@state.vt.us</a>.

### COMMUNITY PROVIDERS AND SERVICES

• Interested Party Status Filings for Soteria CON Application

Two entities, the City of Burlington and HowardCenter, have requested designation as an Interested Party regarding the development by Pathways Vermont for a Soteria program in Burlington's Old North End. *Advisory* readers may access both requests, which are provided as attachments. As the requests refer to Pathways' application, here is a link: <a href="http://gmcboard.vermont.gov/sites/gmcboard/files/Soteria">http://gmcboard.vermont.gov/sites/gmcboard/files/Soteria</a> Application 2013 10 23.pdf

# LEGISLATIVE AND REGULATORY

• Legislative Committee on Administrative Rules (LCAR)

Regulations establishing standards for Emergency Involuntary Procedures (EIP) is on the LCAR agenda with scheduled presentations by Commissioner Paul Dupre and Assistant Attorney General Dena Monahan on December 5<sup>th</sup> at 10:20 a.m. This is followed by testimony from the Department of Disabilities, Aging and Independent Living (DAIL) in regard to licensing and operating regulations for Therapeutic Community Residences at 10:40 a.m.

http://leg.state.vt.us/schedule/frame.cfm?CommitteeMeetingID=13741

### **EVENTS**

### • Me2/Music for Mental Health

Me2/Orchestra members will share tips on maintaining good mental health in the New Year when they bring the spirit of Vienna to First Night Burlington on December 31 at 4:00 p.m. in the First Baptist Church, Burlington. The program features marches and polkas, including *The Blue Danube* and *Radetsky March*, Johann Strauss family favorites.

Me2/Strings will perform on February 15 at 8:00 p.m. at the UVM Recital Hall with a classical music program to be repeated on Sunday afternoon, February 16, at Middlebury College's Mahaney Center for the Arts at 3:00 p.m.

### • Michelle Garcia Winner Conference

HowardCenter's Child, Youth and Family Services will open registration in December for its forthcoming conference on *Informal Dynamic Social Thinking Assessment: Core Treatment Strategies for Home and School.* Michelle Garcia Winner, MA, CCC-SLP, specializes in the treatment of individuals with social-cognitive deficits such as high-functioning autism, Asperger Syndrome and nonverbal learning disorder. The heart of Michelle's work in the world of Social Thinking is developing practical strategies for parents, educators and service providers, across different environments, for development of real social skills. The date is Friday, February 7, 2014 and details are in the DMH Meeting Planner.

EILEEN M. BLACKWOOD, ESQ.
City Attorney
EUGENE M. BERGMAN, ESQ.
Sr. Assistant City Attorney
RICHARD W. HAESLER, JR., ESQ.
Assistant City Attorney
GREGG M. MEYER, ESQ.
Assistant City Attorney
KIMBERLEE J. STURTEVANT, ESQ.
Assistant City Attorney



149 Church St., Room 11 Burlington, VT 05401-8489 Phone: (802) 865-7121 Fax: (802) 865-7123 TTY: (802) 865-7142

# CITY OF BURLINGTON, VERMONT OFFICE OF THE CITY ATTORNEY AND CORPORATION COUNSEL

November 25, 2013

Green Mountain Care Board 89 Main St., Montpelier, VT 05602-3601

Re: Interested Party Status for Soteria Vermont CON Application

Dear Green Mountain Care Board,

The City of Burlington, by and through it attorneys, hereby request to be granted interested party status under 18 V.S.A. §9440(c)(7), in regard to the application to the Green Mountain Care Board by Soteria Vermont for a Certificate of Need for a five bed residence for individuals experiencing an initial episode of psychosis in the Old North End of Burlington.

The City's interest in becoming a party to this application stems from at least two areas where the project will have a direct and substantial impact. The first is the potential for direct impact on public safety services. When crises emerge in community-based healthcare setting the emergency response is by police/law enforcement. According to the Burlington Police Department (BPD), calls for service for mental health crises in Burlington, including many occurring in community-based treatment settings, have increased over 375 percent over a 5 year period. Crises occurring in this proposed facility, based on conversations between the BPD and those making the proposal, would directly include a response by local law enforcement.

Second, the potential impact on the community more generally is an issue. Locating intensive services of this kind in the most densely populated neighborhood in Vermont enhances the risk to both patients and residents of the neighborhood. According to the BPD, risks are enhanced based on the proximity of residents and the intensity, frequency, and severity of the stimuli that patients in the facility will be exposed to based on this location. As a core tenet of it's mission, the City has an interest in mitigating safety risks in any and all ways possible.

There are many low income individuals already residing in the Old North End. The location of another facility in the area that will place demands on the existing services may affect the access of those individuals to medical or public safety services.

Green Mountain Care Board November 25, 2013 Page 2 of 2

Clearly, the potential for direct impact on the public safety services and the potential impact on the community, including the patients themselves, have an impact on the Criterion #6, whether "the project will serve the public good." For these reasons, the City of Burlington respectfully requests that it be granted interested party status under 18 V.S.A. §9440(c)(7) in this proceeding.

Sincerely,

Kimberlee J. Styrtevant, Esq.

Assistant City Attorney

c: Michael N. Donofrio, General Counsel, GMCB Donna Jerry, Health Policy Analyst, GMCB Amos Meacham, Project Director, Soteria Vermont

U: KJS/Police/Soteria/CON Application—Request for Interested Party Status

# STATE OF VERMONT GREEN MOUNTAIN CARE BOARD

	)	
IN RE SOTERIA VERMONT	)	
CERTIFICATE OF NEED APPLICATION	)	Docket No. GMCB-005-13con

# REQUEST FOR INTERESTED PARTY STATUS

NOW COMES HowardCenter, Inc., (hereafter "HowardCenter") and hereby requests designation as an interested party in the above-captioned certificate of need (hereafter "CON") proceeding. This Request is submitted in accordance with 18 V.S.A. § 9440(c)(7) and Green Mountain Care Board (hereafter "GMCB") Rule 4.406.1

# I. Statement of Requestor's Interest

HowardCenter is a non-profit corporation with a principal place of business in Burlington, Vermont. It has distinct legal and programmatic interests in the present matter which will be substantially and directly impacted by the project under review, as described in detail below.

# A. Legal Interest

Under Vermont statutes, specified State officials are charged with ensuring "that community services to mentally ill and developmentally disabled persons throughout the state are provided

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KENBERG, DUNN,
CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

It is the understanding of the undersigned counsel that the CON application in question was filed after January 1, 2013. Hence the GMCB Rule cited above applies to this application, not Vermont Department of Financial Regulation Certificate of Need Program Procedures, Rule H-2010-01 at Section Six, (f) at 34. If this conclusion is erroneous, HowardCenter requests the opportunity to amend this Request for Interested Party Status accordingly.

through designated community mental health agencies." 18 V.S.A. §8907(a). In the case of the HowardCenter, those officials have denoted it as the Designated Agency to provide mental health and developmental services to residents of Chittenden County. That designation carries with it specific statutory obligations including the responsibility "to provide or arrange for the provision of these services." *Id*.

The overarching mandate established by State law for an agency like the HowardCenter is to "plan, develop, and provide or otherwise arrange for those community mental health . . . services that are not assigned by law to the exclusive jurisdiction of another agency and which are needed by and not otherwise available to persons with mental illness . . . who reside within the geographic area served by the agency." 18 V.S.A. § 8907(b). This responsibility encompasses the determination of "the need for community mental health . . . services within the area served" by the HowardCenter. 18 V.S.A. § 8908.

To this end, State law charges each Designated Agency with undertaking certain planning activities. For Chittenden County, HowardCenter is obligated to "prepare a local community services plan which describes the methods by which the agency will provide those services." *Id.* A related provision, 18 V.S.A. § 8909(b), reaffirms this obligation and requires the designated agency to consult with a variety of governmental, advocacy, and client groups in determining the service needs of the community and service priorities. The local services plan ultimately must "encourage utilization of existing agencies, professional personnel and public funds at both state and local levels in order to improve the effectiveness of mental health . . . services and to prevent unnecessary duplication of expenditures." *Id.* Failure to do so or to implement such a plan of services can result in a range of sanctions, including loss of designated agency status. 18 V.S.A. § 8911.

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KENBERG, DUNN,
CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

Of particular relevance to the current CON application is the specific obligation HowardCenter bears with respect to any new mental health services. The local community services plan drafted by the agency must "include a schedule for the anticipated provision of new or additional services and shall specify the resources which are needed by and available to the agency to implement the plan." 18 V.S.A. § 8908.<sup>2</sup> In short, Vermont law directs that the HowardCenter, as the Designated Agency for Chittenden County, be involved in the planning and implementation of all mental health services within that geographic area, thus vesting it with a valid legal interest in the present proceeding.

# **B.** Programmatic Interest

HowardCenter directly provides a wide-array of human services to adults and children in Chittenden, Franklin, Grand Isle, and Rutland Counties and also provides additional substance abuse and mental health services in partnership with other agencies in Washington County. Within Chittenden County, HowardCenter is the preeminent provider of mental health services. It offers crisis services for adults, children and adolescents, and families who experience mental health and behavioral emergencies. HowardCenter screeners make the initial determination as to whether individuals in such crises warrant care in in-patient or out-patient settings. Its Community Support Program serves adults diagnosed with a major mental illness with a range of out-patient programs. In terms of the number of clients served, the scope of services offered, the number of clinicians employed, and the total amount of funds spent on such treatment, HowardCenter is the largest

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To insure the responsiveness of such Designated Agencies, the Vermont Legislature requires such non-profit organizations to ensure that a majority of their boards of directors consists of current or former clients with disabilities or their family members. 18 V.S.A. § 8909(a).

community mental health agency in the State of Vermont.

Of particular importance in regard to the current application by Pathways Vermont is the number and scope of residential programs operated by HowardCenter. In Chittenden County, the agency oversees ten residential programs serving those with a mental health diagnosis. It also provides clinical support services to the residents of three other congregate care facilities within the region. A listing of the programs providing such residential care is attached as Exhibit 1.<sup>3</sup> It affords the Green Mountain Care Board with a sense of the extent of the residential programs offered by this non-profit organization. In addition, HowardCenter works with numerous private landlords and non-profit housing organizations to support individuals with a mental health diagnosis to live independently.

As is well-documented, persons experiencing mental health and behavioral difficulties oftentimes have engaged in some form of substance abuse. In this respect, HowardCenter affords a variety of services for those individuals with co-occurring disorders. The agency is the paramount provider of substance abuse services in northwestern Vermont. It is designated as a "preferred provider" of substance abuse services by the Vermont Department of Health's Office of Alcohol and Drug Abuse Programs.

### II. Relevance of Certificate of Need Criteria

According to the October 16, 2013, CON Application, Pathways Vermont proposes to create

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KENBERG, DUNN,
CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

(802) 658-6951

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The three programs listed last under the heading of the Community Supported Program are operated by entities other than HowardCenter, but the individuals residing there receive services and support from agency personnel. This list does not include residential programs primarily for substance abuse treatment even though they may also serve persons with a mental health diagnosis.

"a five-bed residence for individuals experiencing an initial episode of psychosis." CON Application at 1. The program is to be located in Burlington, Vermont, hence within the region served by HowardCenter. The relevant criteria governing the present CON Application are delineated at 18 V.S.A. § 9437, and the interests of the organization with respect to these criteria are set forth below.

The CON Application depicts the proposed program, Soteria Vermont, as an alternative, non-traditional program "staffed by a team of non-clinical staff..." CON Application at 3. One primary characteristic of this project is an aversion to the use of anti-psychotic medications. CON Application at 6-7. In addition, Soteria Vermont is proposing to not provide any clinical services to individuals residing there. As the CON Application states, '[t]he proposed project differs from traditional mental health care residence in that mental health programming (ex. group therapy, individual therapy) is not provided at the residence." CON Application at 17.4

It appears from the program description that HowardCenter may well have primary responsibility for the provision for certain clinical services if needed by Soteria Vermont residents. For example, agency crisis screeners customarily would be a primary source of client referrals. The CON Application acknowledges this fact: "[i]t is anticipated for some if not most referrals to come from Emergency Services at Designated Agencies." CON Application at 17.5 Inherent in this

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P.O. BOX 406
BURLINGTON, VT
05402-0406

The only clinical services provided to residents of Soteria Vermont are consultations with a psychiatrist and a naturopath with whom Pathways Vermont has contracted for eight hours a week of services. CON Application at 18. Given the lack of provision of clinical services and the lack of staffing by licensed professionals, it is not surprising that the costs of the Soteria Vermont program are substantially below those of more traditional clinically-oriented programs. CON Application at 14.

How such screeners, in the midst of an emergency, will be able to determine that the individual in crisis is experiencing a "distressing episode of psychosis" for the first time is a subject that the Application does not address in depth. CON Application at 17.

statement is the likelihood that clients from outside Chittenden County will be admitted to this program. This conclusion is supported by the relatively small potential client population targeted by Soteria Vermont – those individuals experiencing psychosis for the first time. CON Application at 17.

Upon entry into the program, those persons in need of clinical services such as mental health counseling or substance abuse treatment would be linked to providers in the community. As the Application states, "[w]hile staying at Soteria Vermont, residents are supported in exploring other forms of assistance in the community." CON Application at 18. In other words, ultimate responsibility for clinical services for Soteria Vermont residents may well lie with community providers such as HowardCenter, not Pathways Vermont. This approach translates into making available the full panoply of clinical services, ranging from crisis to out-patient counseling, for up to 20 additional individuals per year. CON Application at 18-19. Given that the clients in question are experiencing psychosis while residing a community setting, HowardCenter services and programs in all likelihood will be impacted by this new residential program.

The proposed addition of another residential program for individuals with a psychiatric diagnosis thus would substantially and directly impact HowardCenter and is related to multiple criteria identified in 18 V.S.A. § 9437. Soteria Vermont also would affect the organization with regard to a number of CON Standards, particularly those relating to the following programmatic issues:

1. CON Standard 1.3 requires a demonstration of a collaborative approach to service delivery. "Collaboration with community service providers is paramount . . . the project can collaborate with community providers in coordinating services for residents during their stay . . ." CON Application

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CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

at 8. HowardCenter is concerned that Pathways Vermont has not demonstrated the extent of interagency cooperation necessary to ensure the success of Soteria Vermont. When one examines the operational details set out in the CON Application, inconsistencies emerge that are not indicative of an expansive collaborative undertaking. For example, with respect to supported employment, the CON application states that Soteria Vermont would assist "residents utilize providers" such as a "Designated Agency CRT [Community Rehabilitation and Treatment] program." CON Application at 12. Yet given the description of the population served by Soteria Vermont – persons experiencing a first episode of psychosis – such individuals are not likely to meet the eligibility requirements of HowardCenter's CRT program. That project targets individuals with serious and persistent mental illness. A sufficiently robust collaboration effort by Pathways Vermont with HowardCenter would have illuminated this problem early on.

A similar difficulty arises from Soteria Vermont's proposed use of NAMI-VT for family psychoeducational resources. CON Application at 12. The National Alliance on Mental Illness historically has not embraced the general aversion to the use of psychotropic medication adopted by Soteria Vermont. Indeed, it would be hard to image that NAMI-VT would be supportive of the type of program described in the CON Application. Again, these types of problematic representations are not reflective of a CON Application based on in-depth collaboration with other entities.

2. CON Standard 1.9, in part, obligates an applicant to demonstrate that the project is cost-effective. In the same vein, Criterion (2) of CON Standard 4.6 directs that the cost of the project be reasonable. Pathways Vermont asserts that the CON Application meets this standard because it will divert "unnecessary admissions" to in-patient facilities. CON Application at 18. It contends that "[w]hen compared to inpatient hospitalization, the proposed project is remarkably cost effective."

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CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

CON Application at 19.

These broad statements are problematic for several reasons. First, Pathways Vermont has not provided concrete information as to the nature of the problem it intends to address, the extent of the "unnecessary admissions" in Vermont; nor has it presented quantitative support for the proposition that the individuals who would reside at Soteria Vermont would be at risk of hospitalization. While this program does represent a cost-effective alterative to hospitalization, it is not clear that all or even most of the individuals it would serve would otherwise have been hospitalized. Since Pathways Vermont is targeting nonviolent persons who are opposed to the use of anti-psychotic medications, these are individuals who, in the current system of care, would most likely be referred for out-patient treatment or existing hospital diversion programs.

Second, HowardCenter respectfully suggests that Pathways Vermont's assertion as to the proposed project's cost-effectiveness is based on a questionable comparison. Hospitalization can involve both voluntarily and involuntarily admitted patients; designated hospitals in Vermont must have the capacity to serve both kinds of individuals. 6 Under Vermont law, involuntary hospitalization can be ordered only if a patient is deemed to be mentally ill and a danger to self or others. 18 V.S.A. §§ 7101(16)-(17) and 7617. There is no suggestion in the CON Application that Soteria Vermont would accept any patients other than voluntary, non-dangerous individuals. Hence, Pathways Vermont's invocation of favorable cost comparisons to programs serving a significantly different patient population does not represent an appropriate method of demonstrating compliance with these

The term "designated hospital" for mental health purposes is defined at 18 V.S.A. § 7101(4).

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05402-0406

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two CON Standards.7

3. CON Standard 4.5 requires the integration of mental health, substance abuse, and other health care. The CON Application states that "Project staff will... provide information and referral to resources within the larger community." CON Application at 17. Specifically, Soteria Vermont proposes to use referrals to out-patient programs, such as those operated by HowardCenter, to address substance abuse issues. CON Application at 12. Yet such an approach does not demonstrate a deep understanding of the importance of fully integrating mental health and substance abuse treatment services. A mere referral by Soteria Vermont to an outside provider does not constitute an integrated program to address co-occurring disorders.

4. CON Standard 4.6 similarly obligates an applicant to demonstrate the integration of mental health, substance abuse and primary care. "Program staff," according to the CON Application, "will be knowledgeable about local resources for mental health, substance abuse, health and other issues and will be available to support residents who wish to access these resources." CON Application at 18. However, as noted above, Pathways Vermont has not indicated that it intends to provide residents with "integrated dual disorders treatment" as suggested in its submission. CON Application at 12. The lack of an such a comprehensive in-house program is a concern for the HowardCenter.

In summary, HowardCenter's financial and business interests in intervention as an interested party directly relate to the following criteria: 18 V.S.A. § 9437(2)(B) as to no undue increase in the costs of medical care and 18 V.S.A. § 9437(2)(C) regarding the absence of less expensive

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KENBERG, DUNN,
CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

The lack of clinical services provided by Soteria Vermont personnel represents another reason for the relatively low cost of the proposed project. See footnote 4, above.

alternatives. Pathways Vermont's CON application also implicates those criteria associated with the general cost of care, 18 V.S.A. § 9437(2)(B); the need for the proposed project, 18 V.S.A. § 9437(3); and the improved quality of health care and increased access, 18 V.S.A. § 9437(4). For these reasons, HowardCenter has a "direct financial or other business interest in the proposed project." GMCB Rule 4.406 3; see also 18 V.S.A. § 9440(c)(7).

# III. Demonstration of Substantial and Direct Effect of the Proposed Project

In view of the obligations imposed on it by State statutes and the interwoven nature of the interests of HowardCenter and the requisite CON criteria, the standard for intervention as an interested party is amply satisfied in the present case. HowardCenter's mental health treatment programs "will be substantially and directly affected by the new health care project under review." 18 V.S.A. § 9440(c)(7). The limited Vermont case law on this subject confirms this conclusion and fully supports HowardCenter's request. *See In re Professional Nurses Service Application for a Certificate of Need*, 2006 VT 112, ¶ 2, 180 Vt. 479, 481, 913 A.2d 381, 384 (In a CON application involving home health care services, the Commissioner of Banking, Insurance, Securities and Health Care Administration granted interested party status to twelve regional home health care agencies and their umbrella organization).

For all the reasons listed above, HowardCenter, Inc., respectfully requests that it be designated as an interested party in the above-captioned matter pursuant to 18 V.S.A. § 9440(c)(7) and GMCB Rule 4.406. These provisions indicate that the perspective of the primary provider of mental health services, including residential programs in Chittenden County, warrants consideration by the Board in the current proceeding.

LAW OFFICES OF
KENBERG, DUNN,
CHS & SMITH, PLC
29 PINE ST.
P.O. BOX 406
BURLINGTON, VT
05402-0406

Dated at Burlington, Vermont this 25 74/day of November, 2013.

Mickenberg, Dunn, Lachs & Smith, PLC

Q. Wan Tuc Sont

P.O. Box 406

Burlington, VT 05402-0406

(802) 658-6951

whit@mickdunn.com

COUNSEL FOR HOWARDCENTER, INC.

# **AFFIRMATION**

So sworn to at Burlington, Vermont, this 25day of November, 2013

Robert W. Bick

STATE OF VERMONT CHITTENDEN COUNTY, SS.

So appeared before me at Burlington, Vermont, this day of November, 2013, Robert W. Bick, Director of Mental Health and Substance Abuse Services for Howard Center, Inc., and made oath as to the truth of the factual statements contained in the foregoing Request for Interested Party Status.

Notary Public
My Commission Expires: 2/10/2015

That a l'at

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# HOWARDCENTER RESIDENTIAL PROGRAMS

# <u>Program</u> <u>Address</u>

Community Support Program		Total Beds
72 North Spruce MyPad Lakeview Next Door Shelter Plus Branches Safe Haven Saint Paul Allen House	72 North Winooski Avenue, Burlington VT 41 Spruce Street, Burlington, VT 30 Pearl Street, Essex Junction, VT 332 St. Paul Street, Burlington, VT 847 Pine Street, Burlington, VT 20 South Willard Street, Burlington, VT 222 North Street, Burlington, VT 133 King Street, Burlington, VT 336 St. Paul Street, Burlington, VT 57 West Allen Street, Winooski, VT	8 8 7 16 8 6 6 7
Monroe Place  CRIMINAL JUSTICE	29 North Champlain Street, Burlington, VT	-
Northern Lights	72 Cherry Street, Burlington, VT	11
CRISIS		
ASSIST	851 Pine Street, Burlington, VT	6